

<i>SERFF Tracking Number:</i>	<i>LPTI-127821992</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Policy Traders Inc.</i>	<i>State Tracking Number:</i>	<i>50400</i>
<i>Company Tracking Number:</i>	<i>LPT-AR-024</i>		
<i>TOI:</i>	<i>VS01 Viatical Settlements</i>	<i>Sub-TOI:</i>	<i>VS01.000 Viatical Settlements</i>
<i>Product Name:</i>	<i>Life Settlement</i>		
<i>Project Name/Number:</i>	<i>Trust Beneficiary Consent/LPT-AR-024</i>		

Filing at a Glance

Company: Life Policy Traders Inc.

Product Name: Life Settlement

TOI: VS01 Viatical Settlements

Sub-TOI: VS01.000 Viatical Settlements

Filing Type: Form

SERFF Tr Num: LPTI-127821992

SERFF Status: Closed-Approved-Closed

Co Tr Num: LPT-AR-024

Author: Edward Johnson

Date Submitted: 12/05/2011

State: Arkansas

State Tr Num: 50400

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/09/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Trust Beneficiary Consent

Project Number: LPT-AR-024

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Edward Johnson

Filing Description:

To Whom it May Concern,

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/09/2011

State Status Changed: 12/09/2011

Created By: Edward Johnson

Corresponding Filing Tracking Number:

On behalf of Life Policy Traders, Inc., I have submitted the company's closing document form LPT-AR-024, "Trust Beneficiary Consent to Sale of Policy," to be used by the company in connection with Life Settlement transactions. Please note that this is a new submission, and this form has been added to the forms which were previously approved by your office.

Please feel free to contact me if you have any questions or require any additional information. I can be reached at 973-299-4480. By e-mail I can be reached at ejohnson@lptsettlements.com.

SERFF Tracking Number: LPTI-127821992 State: Arkansas
Filing Company: Life Policy Traders Inc. State Tracking Number: 50400
Company Tracking Number: LPT-AR-024
TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements
Product Name: Life Settlement
Project Name/Number: Trust Beneficiary Consent/LPT-AR-024

Very truly yours,

Edward Johnson

Company and Contact

Filing Contact Information

Edward Johnson, Chief Operating Officer
48 Water Street
Newton, NJ 07960
ejohnson@lptsettlements.com
973-299-4480 [Phone]
866-214-8261 [FAX]

Filing Company Information

Life Policy Traders Inc.
48 Water Street
Newton, NJ 07960
(973) 299-4480 ext. [Phone]

CoCode: State of Domicile: New Jersey
Group Code: Company Type: Incorporated
Group Name: State ID Number:
FEIN Number: 20-5723032

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Policy Traders Inc.	\$50.00	12/05/2011	54257998

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/09/2011	12/09/2011

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Disposition

Disposition Date: 12/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consent to Release Medical Records		No
Supporting Document	Escrow Agreement		No
Supporting Document	Physician Statement		No
Supporting Document	Power of Attorney		No
Form	Trust Beneficiary Consent to Sale of Policy		Yes

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Form Schedule

Lead Form Number: LPT-AR-024

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LPT-AR-024	Other	Trust Beneficiary Consent to Sale of Policy	Initial			LPT-AR-024 TRUST BENEFICIARY CONSENT.pdf



Life Policy Traders, Inc.
48 Water Street
Newton, NJ 07860
Tel: 973-299-4480
Fax: 866-214-8261
Email: info@lifepolicytraders.com

**TRUST BENEFICIARY CONSENT TO
SALE OF POLICY**

(If multiple Trust beneficiaries, a separate consent must be signed by each beneficiary)

I, _____, am currently a named beneficiary of «**M_2_Seller_1_Full_Name**» (the "Trust"). «**M_2_Seller_1_Full_Name**» is the owner and beneficiary of Life Insurance Policy Number «**M_44_Policy_Number**» (the "Policy"), issued by «**M_38_Carrier_Name**» (the "Life Insurance Company"), insuring the life of «**M_20_Insured_1_First_Name**» «**M_21_Insured_1_Last_Name**», «**M_30_Insured_2_First_Name**» «**M_31_Insured_2_Last_Name**» (the "Insured").

I understand that «**M_2_Seller_1_Full_Name**» is the beneficiary of the Policy, and is entitled to receive benefits payable under the Policy if the Insured dies while the Trust is a named beneficiary of the Policy. I understand that the Trust, at the direction of its Trustees, is selling, assigning, conveying and transferring all the Trust's right, title and interest in the Policy to Life Policy Traders, Inc., a Delaware corporation, in its capacity as a life settlement provider or its assignee or financing entity (collectively, the "Buyer").

I acknowledge and understand that, as a result of the Trust's sale of the Policy, the Trust will cease to own the Policy and will change the named beneficiary of the Policy from the Trust to the Buyer or its designee and therefore, as a beneficiary of «**M_2_Seller_1_Full_Name**», I will no longer have any rights to receive any benefits or proceeds of the Policy.

In consideration of the benefits to the Trust from such sale, I irrevocably consent to the Trust's sale, assignment, conveyance and transfer of the Policy to the Buyer and the Trust's change of the named beneficiary of the Policy from me to the Buyer or its designee as the new named beneficiary of the Policy.

I forever waive, release and discharge any and all actions, claims, causes of action, damages, demands and remedies of whatever kind and character, including, without limitation, against the Buyer or its designee or any of their assigns or successors, arising out of or in connection with (a) the Trust's sale, assignment, conveyance and transfer of the Policy to the Buyer and (b) the Trust's change of the named beneficiary of the Policy from me to the Buyer or its designee, including all rights to receive any benefits or proceeds of the Policy.

I further agree, upon request, to execute any additional or further releases, documents or instruments, including, without limitation, any forms provided by the Life Insurance Company, which may be necessary or desirable to vest more fully all right, title and interest in and to the Policy in the Buyer, its designee or any of their assigns or successors.

This Trust Beneficiary Consent to Sale of Policy shall be binding on my heirs, assigns, successors, representatives, executors and administrators.

Print name of Beneficiary

Date

x _____
Signature of Witness

Name of Witness (print or type)

Date

Address of Witness

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Consent to Release Medical Records		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Escrow Agreement		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Physician Statement		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Power of Attorney		
Bypass Reason:	N/A		
Comments:			